

## Foster Family Home - Corrective Action Report

Provider ID: 1-582727

Home Name: Welma Nalos, CNA

Review ID: 1-582727-5

91-910 Pailani Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 3/2/2018

End Date: 7/26/18

### Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/2/18. Corrective Action Report issued during home visit with all items due to CTA by 4/2/18.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

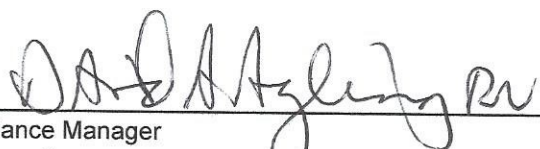
### Background Checks

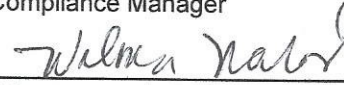
[17-1454-7.1]

7.1.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:

Comment:

7.1.(e) - HHM #3 received a red light on 3/14/17. Has not applied or received an exemption.

  
Compliance Manager

  
Primary Care Giver

3/2/18  
Date

3/2/18  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Welma Nalos CCFFH

CCFFH Address: 91-910 Pailani St., Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(e)	I have received an exemption letter from fieldprints for HHM #3 and placed in my CTA binder.	7/23/18	I will apply for an exemption for all CG's and HHM's within 2 weeks of receiving a red light.

Primary Caregiver's Signature: Welma Nalos

Print Name: Welma Nalos

Date of Signature: 7/26/18